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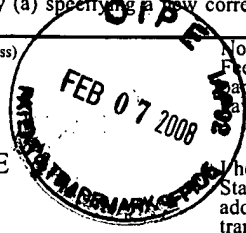
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7590

11/09/2007

COHEN, PONTANI, LIEBERMAN & PAVANE
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551 Fifth Avenue
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02/07/2008 SSESHE2 00000018 10736752

01 FC:1501 1440.00 OP
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Thomas Langer

(Depositor's name)

Thomas Langer

(Signature)

February 5, 2008

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY/DOCKET NO.	CONFIRMATION NO.
10/736,752	12/16/2003	Henri Gilbert	5284-28	5724

TITLE OF INVENTION: METHOD OF ENCIPHERMENT BY PERMUTATIONS OF FIXED-LENGTH SEQUENCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/11/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
POLTORAK, PIOTR	2134	380-028000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 COHEN PONTANI

2 LIEBERMAN & PAVANE

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

France Telecom,

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Thomas Langer

Date February 5, 2008

Typed or printed name Thomas Langer

Registration No. 27,264

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